## PART B - FEE(S) TRANSMITTAL

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| Timothy A. Cz<br>DICKE, BILLIO<br>Fifth Street Tow   |  | nave to own centinates or intuing or unassumestor.  Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Fostal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2855, on the date indicated being the Company of th |  |   |  |   |  |  |
| 100 South Fifth<br>Minneapolis, MI   |  |  |  |   |  |   | (Depositor's name)   |  |
| winneapons, wi   | 1 33402  |  | _  |   |  |   | (Signature)  |  |
|  |  |  | L  |   |  |   | (Date)   |  |
| APPLICATION NO.  | FILING DATE  |  | FIRST NAMED INVENTOR   |   | ATTOR  | NEY DOCKET NO.  | CONFIRMATION NO.   |  |
| 10/657,915<br>TITLE OF INVENTION   | 09/09/2003<br>: SURGICAL MICRO-F   | BURRING INSTRUMEN  | Kenneth M. Adams<br>NT AND METHOD OF PI  | ERFORMING SINU  |  | 4190.145.101<br>GERY  | 7670   |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE DUE  | PUBLICATION FEE DUE  | PREV. PAID ISSUE  | FEE  | TOTAL FEE(S) DUE  | DATE DUE   |  |
| nonprovisional   | МО   | \$1510   | \$300  | \$0   |  | \$1810  | 08/16/2010   |  |
| EXAM   | IINER  | ART UNIT   | CLASS-SUBCLASS   | 1   |  |   |  |  |
| HOFFMAN  |  | 3733   | 606-085000   | •   |  |   |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR I. 553).  Change of correspondence address (or Change of Correspondence Address form FTO/SH 122) attached.  "Fee Address" indication (or "Fee Address" Indication form FTO/SH47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. |  |  | (1) the names of up to<br>or agents OR, alternati  | a single firm (having as a member a 2 & Czaja, PLLC sy or agent) and the names of up to that attorneys or agents. If no name is   |  |   |  |  |
| PLEASE NOTE: Un<br>recordation as set for<br>(A) NAME OF ASSI<br>Medtronic   | less an assignee is ident<br>h in 37 CFR 3.11. Com<br>GNEE<br>Komed, Inc.  | ified below, no assignce<br>pletion of this form is NC   | (B) RESIDENCE: (CIT  | atent. If an assign<br>assignment.<br>Y and STATE OR C  | OUNT   | RY)   | cument has been filed for  |  |
| Please check the appropr   | iate assignee category of  | categories (will not be p  | rinted on the patent) :  | Individual 🖾 Co   | rporatio   | on or other private gro   | up entity Government   |  |
| 4a. The following fee(s)  X Issue Fce  Dublication Fee (I)  Advance Order -  | No small entity discount   |  | th. Payment of Fee(s): (Please first reapply any praviously paid issue fee shown above)  ☐ A theck is enclosed. ☐ Payment by credit earl. Form PTO-2038 is attached. ☐ The Director is hereby suthorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500-6171 (circlese an extra copy of this form). |   |  |   |  |  |
| 5. Change in Entity Sta  a. Applicant claim  NOTE: The Issue Fee ar  | s SMALL ENTITY stat  | us, See 37 CFR 1.27.   | b. Applicant is no los   |   |  |   | R 1.27(g)(2).<br>e assignee or other party in  |  |
|  | /Todd R. From  |  | k Office.  | Date July   |  |   |  |  |
| Typed or printed name Todd R. Fronek   |  |  | Registration No. 48,516  |   |  |   |  |  |
| This eollection of inform<br>an application. Confider<br>submitting the complete<br>this form and/or suggest<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 22.  | nation is required by 37 ontiality is governed by 33 d application form to the ions for reducing this by Virginia 22313-1450. Do 313-1450. | CFR 1.311. The information of U.S.C. 122 and 37 CFR e USPTO. Time will varurden, should be sent to the ONOT SEND FEES OR   | ion is required to obtain or<br>1.14. This collection is exy<br>depending upon the indi-<br>the Chief Information Offic<br>COMPLETED FORMS T   | rctain a benefit by t<br>stimated to take 12 i<br>vidual case. Any co<br>er, U.S. Patent and<br>O THIS ADDRESS  | he publ<br>minutes<br>mment<br>Traden<br>S. SENI | ic which is to file (and<br>to complete, including<br>s on the amount of tin<br>ark Office, U.S. Depa<br>D TO: Commissioner f | by the USPTO to process)<br>g gathering, preparing, and<br>ne you require to complete<br>rtment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |  |

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